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JULIA C. BUDLEY, CLERK BY: DEBUT MILETA

September 21, 2015

Honorable James P. Jones United States District Judge For the Western District of Virginia U.S. District Judge 180 W. Main St., Rm. 104 Abingdon, VA 24210

Re: LISA BALL 12839-084 Case Number: DVAW107CR000032-001

Your Honor:

I am a volunteer attorney with Clemency Project 2014. Clemency Project 2014 had an overwhelming request for assistance and therefore has decided to streamline the process by which they evaluate applicants. As part of the prescreening process, I, along with other volunteers, will review the Presentence Investigation Report and other documents to determine whether an applicant appears qualified for participation based upon pre-screening criteria developed by Clemency Project 2014. If it is determined that the applicant appears to meet the criteria, an attorney volunteering for Clemency Project 2014 will take on the applicant's case.

I will disclose the Presentence Investigation Report only to members of the Screening and Steering Committees who have executed non-disclosure agreements and, as explained above, to any attorney who might later be assigned the case through Clemency Project 2014. Additionally, the Presentence Investigation Report will be disclosed to the Office of the Pardon Attorney as a required attachment to a petition for clemency, if in fact a petition is ultimately prepared.

No other disclosure of the Presentence Investigation Report shall be made and the Presentence Investigation Report will not be provided to the client. I will destroy the Presentence Investigation upon conclusion of representation. Members of Clemency Project 2014 who have received a copy of the report also agree to destroy any copies upon completion of their review of the case.

The Administrative Office of the United States Courts has authorized the Bureau of Prisons to release Presentence Investigative Reports to Clemency Project 2014 volunteers upon consent of the inmate, two weeks from the date notice has been sent to the sentencing court, unless the court objects to such disclosure by directing the objection, if any, to: <a href="mailto:BOPClemency2014@bop.gov">BOPClemency2014@bop.gov</a>.

LISA BALL has sent me the attached consent form. Accordingly, I respectfully request that if you have an objection to the disclosure of the Presentence Investigation Report, you advise the Bureau of Prisons of such objection.

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FOR COMPLETION BY ATTORNEY OF RECOR	Description of the second of t	77. 0	
		Initials	Date
I will use the PSR/SOR exclusively for their representation of the inmate in connection with CP14.		6	8/11/15
I will disclose the PSR/SOR, with the inmate's authorization, only to			
members of CP14's screening and steering committees who have executed nondisclosure agreements, and to the Office of the Pardon Attorney as a		a	18/11/15
required attachment to any petition for clemency.			1 01 71
I acknowledge no other disclosure of the PSR/SOR is permitted.			
I acknowledge that under no circumstances will copies of the PSR/SOR be			8/11/15
provided to an inmate in custody of the BOP.  I will destroy the PSR/SOR upon the conclusion of the representation.		a	10/11/10
The representation of the representation,		a	8/11/15
I have notified the sentencing court of this request for the PSR/SOR.			
		A	8/11/15
I declare under penalty of perjury under the laws of the United States of			
America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is			1 , 1
punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not			8/11/15
more chan \$10,000 or by imprisonment of not more than live years of both,			1. M. 1.
and that requesting or obtaining any record(s) under false pretenses is			
punishable under the provisions of become than \$5,000.	5 U.S.C. 552a(1)(3) by a fine of not		<b>1</b> .
Attorney Printed Name:			
The state of the s	Cynthia W. Roseberry		
Attorney Signature:	(DM)		
Date:	8/11/15		
Attorney Mailing Address:	P.O. Box 66686, Washington D.C. 20035		
Attorney E-Mail Address:		1	
Attorney Phone Number:	202-872-8600		
FOR INMATE COMPLETION			
		Initials	Date
I authorize staff of the Federal Bureau of Prisons to release to the above		1 2	
attorney a copy of the PSR and SOR used in my criminal case.		1 X B	8-18-15
I understand that I may revoke this consent in writing at any time except		135	
to the extent that disclosure has already been made based on that consent.		(X)D_	8-18-15
This consent is effective for twelve	months from date of signature.	LB	8-18-15
1_declare under penalty of perjury under the laws of the United States of		10/10	0 1015
America that the foregoing is true and correct, and that I am the person			8-18-15
named above, and I understand that any falsification of this statement is			
punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not			
more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is			
punishable under the provisions of s			
more than \$5,000.			
Inmate Printed Name:	Lisa W. Ball		
Inmate Register Number: 12839 - 084			
Inmate Signature:			
Date:			
8-18-15			